

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 6-28-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits with manipulations, electrical stimulation, hot or cold packs, office visits, therapeutic procedures, and chiropractic manipulations from 7-9-03 through 10-7-03 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 7-9-03 through 10-7-03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 13<sup>th</sup> day of September, 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

#### **NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** August 27, 2004

**RE:**

**MDR Tracking #:** M5-04-3647-01

**IRO Certificate #:** 5242

\_\_\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

**Submitted by Requester:**

- 46 visits of chiropractic documentation from 7/12/02 through 4/8/04
- Multiple office visit notes and narratives from the treating chiropractor dated 7/25/02, 9/17/02, 4/30/03, 7/2/03, 7/31/03, 2/16/04 and 3/25/04
- NCV study of 9/18/03 which was reported as normal for peripheral neuropathy or radiculopathy – this was also noted to be a repeat study
- Discogram and post discogram CT report of 4/22/03 revealing a very positive discogram at the L4/5 and L5/S1 levels.
- IME report from \_\_\_\_\_ dated 4/29/03
- Several office visit notes from \_\_\_\_\_ dated 11/5/02, 2/7/03 and 10/8/03 – \_\_\_\_\_ saw the claimant for injections of the lumbar spine
- Several orthopedic visit notes from \_\_\_\_\_ dated 11/4/02, 2/10/03, 4/7/03, 5/16/03 and 10/1/03

**Submitted by Respondent:**

- None provided

**Clinical History**

It appears from the provided documentation that the claimant sustained a nonspecific injury as a result of working with \_\_\_\_\_ on \_\_\_\_\_. Nowhere in the chiropractic documentation was there a mechanism of injury explained; however, the IME report from \_\_\_\_\_ stated that there was “No actual injury that she had. All of her problems are related to repetitive motion disorder. The claimant further stated that she is having problems with her upper back and right shoulder.” There was no mention of a complaint of low back pain, which I found interesting. It should be noted further that \_\_\_\_\_ report of 4/29/03 stated that “she has gotten indefinite chiropractic treatment for all of her problems which have been absolutely worthless”. The claimant has undergone at least 2-3 epidural steroid injections and a right sacroiliac joint injection. The overall documentation suggests that she did not improve from any of these injections; however, the right sacroiliac joint injection reportedly afforded her the most relief. The claimant has also undergone a previous right carpal tunnel release and trigger finger release that was not related to this particular injury on \_\_\_\_\_. The claimant was also reporting a lot of right shoulder pain; however, there have been no shoulder MRIs provided for review. \_\_\_\_\_ has recommended a 2 level discectomy at L4 through S1 with fusion; however, this appears to not have been done. The claimant was not particularly wanting to undergo surgery and it appears the carrier has been disputing the injury to some degree such that surgery has not been carried out. The claimant also lost her husband to liver disease sometime in October 2002. The claimant also underwent a cervical discectomy in 1997. The claimant has some high blood pressure as well and multiple other health problems.

**Requested Service(s)**

Office visits with manipulations (99213-MP), electrical stimulation (97014), hot or cold packs (97010), office visit (99214), therapeutic procedures (97110) and chiropractic manipulations (98940) from 7/9/03 through 10/7/03. It appears that there were approximately 14 disputed dates of service ranging from 6 visits in July, 4 visits in August, 3 visits in September and one visit in October 2003.

### **Decision**

I agree with the insurance carrier and find that the services in dispute were not medically necessary.

### **Rationale/Basis for Decision**

There is a total lack of documentation to support the services in dispute. The chiropractor stated that manipulation helps this claimant with her activities of daily living; however, this was never objectively or even subjectively quantified. There was no mention at all in the documentation from \_\_\_\_\_, \_\_\_\_\_, or \_\_\_\_\_ that the chiropractic treatments on an occasional basis was helping the claimant in any way. It is a well known fact in the literature and the evidence based treatment guidelines, including the Official Disability Guidelines and ACOEM guidelines, that prolonged chiropractic treatment or management of radicular syndromes is not effective. It should also be mentioned that the September 2003 electrodiagnostic studies were reportedly normal. It should also be noted that there was no specific injury related incident that led to this claimant's current symptoms. The claimant obviously has degenerative disc disease which is a normal life occurrence. The claimant has been non-responsive to epidural steroid injections and her electrodiagnostic tests have been negative which to me indicates a discogenic pain generator from degenerative disc disease only that could not be likely related to the injury as described, especially since no specific injury occurred. The injury has been very poorly defined. Regardless of compensability or relatedness issues, the services were not documented to be medically necessary anyway due to no documented evidence of improvement or even relief from the chiropractic care provided during the disputed dates of service. The claimant would have been just as well off with a home based exercise program with self application of heat or ice and a walking program.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 30<sup>th</sup> day of August 2004.